



Be Clear on Cancer: Regional abdominal symptoms campaign, 2017

Caveats: This summary presents the results of the metric on GP attendances. This is one of a series of summaries that will be produced for this campaign, each focusing on a different metric. A comprehensive interpretation of the campaign incorporating a full evaluation of all the metrics is published separately. These metrics should not be considered in isolation.

GP attendances

The campaign

The regional abdominal symptoms campaign ran from 9 February to 31 March 2017 in East and West Midlands.

The core campaign message was:

‘Don’t ignore the warning signs. If you’ve been suffering from tummy troubles such as diarrhoea, bloating, discomfort or anything else that just doesn’t feel right for three weeks or more, it could be a sign of cancer. Finding it early makes it more treatable. Tell your doctor’

Key message

During the regional abdominal symptoms campaign there was a statistically significant increase in the number of GP attendances per practice per week for abdominal symptoms, particularly for men, and for the symptom of bloating.

Metric: GP attendances

This metric considers whether the regional abdominal symptoms campaign had an impact on the number of people attending a GP with abdominal symptoms.

Data on GP attendances for abdominal symptoms (diarrhoea, bloating, discomfort and other abdominal symptoms, both individually and combined) and a control symptom (back pain) were sourced from The Health Improvement Network (THIN) database for the period 14 September 2015 to 9 July 2017. The data was grouped into weeks and adjusted to account for bank holidays. Information on the number of GP practices from the campaign area submitting data to THIN each week (ranging from 37 to 16) was also extracted¹, to enable the calculation of the average number of attendances per practice per week.

¹ Compared to all practices nationally, these practices had a similar age-sex population structure, but a less deprived population on average.

Analysis considered three periods: a twelve-week pre-campaign period (21 November 2016 to 12 February 2017), a nine-week campaign period (13 February 2017 to 16 April 2017) and a twelve-week post-campaign period (17 April 2017 to 9 July 2017). It compared the average number of attendances per practice per week during these periods in 2016/17 with the same periods one year earlier, in 2015/16.

Results

For patients of all ages combined, there was a statistically significant increase in the number of attendances for combined abdominal symptoms, with a 5.8% ($p=0.026$) increase to 17.7 visits per GP practice per week during the 2017 campaign from 16.8 visits per GP practice per week for the same period in 2016. In comparison, the control symptom (back pain) showed a statistically significant decrease in the number of attendances, with a 8.0% ($p=0.005$) decrease to 12.3 visits per GP practice per week during the 2017 campaign from 13.4 visits per GP practice per week for the same period in 2016 (Figure 1). By individual abdominal symptom, there was a statistically significant 46.5% increase ($p<0.001$) in the number of attendances for bloating, to 1.1 visits per GP practice per week during the 2017 campaign period, from 0.7 visits per GP practice per week for the same period in 2016 (Figure 2); however, there were no statistically significant differences for diarrhoea, discomfort or other abdominal symptoms.

For patients aged 50 and over, only the change in attendances for bloating was statistically significant, with an increase of 58.8% ($p=0.003$), to 0.6 visits per GP practice per week during the 2017 campaign from 0.4 visits per GP practice per week for the same period in 2016. There was no significant change to the number of attendances for combined abdominal symptoms, with a 3.3% ($p=0.409$) increase to 7.1 visits per GP practice per week during the 2017 campaign from 6.9 visits per GP practice per week for the same period in 2016.

Figure 1: Average number of GP attendances per practice per week for all abdominal symptoms, discomfort and control symptoms, 14 September 2015 to 31 December 2017, East and West Midlands, all ages

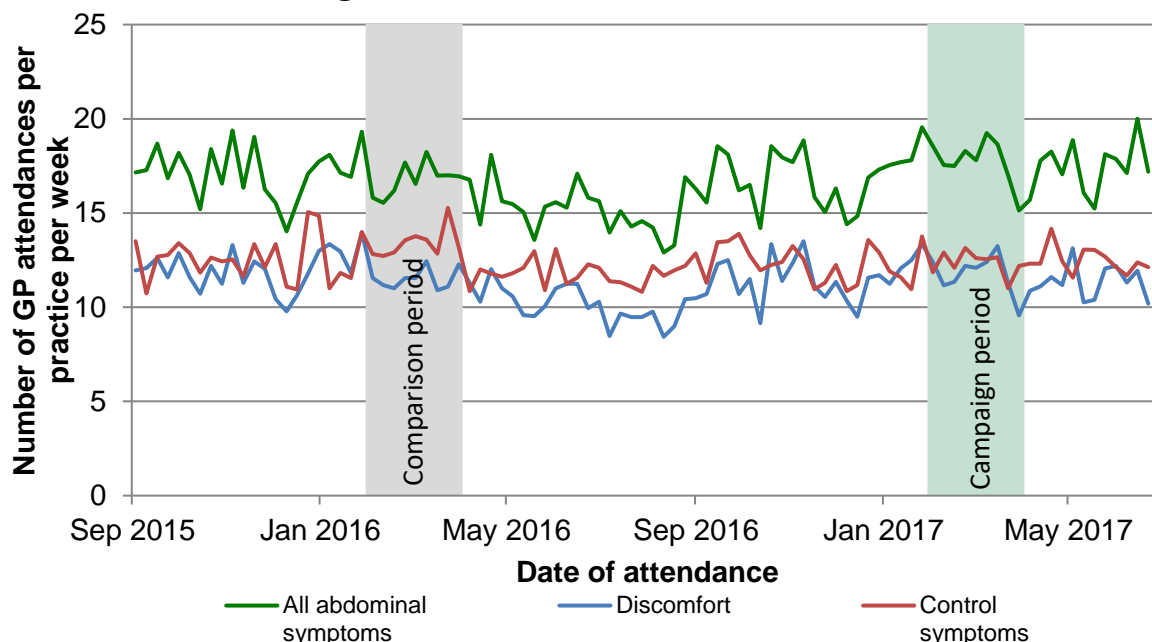
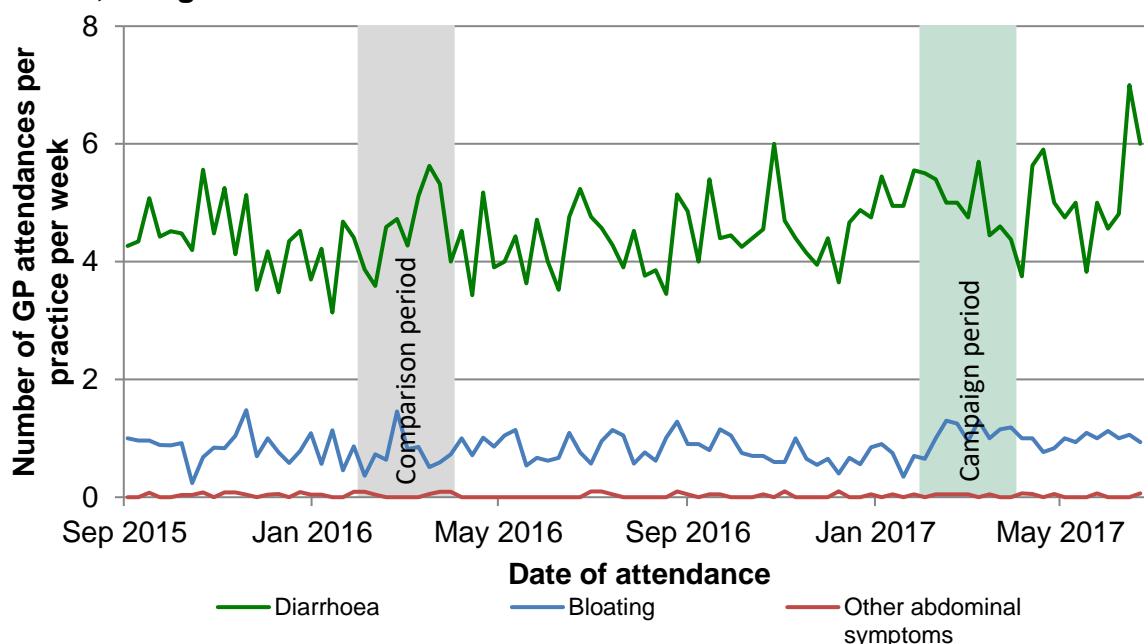


Figure 2: Average number of GP attendances per practice per week for diarrhoea, bloating and other abdominal symptoms, 14 September 2015 to 31 December 2017, East and West Midlands, all ages



Source: The Health Improvement Network

For men of all ages combined, there were statistically significant increases in the number of attendances for combined abdominal symptoms (9.4% increase, $p=0.039$), for bloating (69.0% increase, $p=0.018$) and also for diarrhoea (19.7% increase,

$p=0.015$). However, for women, the only statistically significant change in attendances for abdominal symptoms was a 39.6% increase ($p=0.010$) in attendances for bloating.

For patients aged under 50, there was a statistically significant 7.5% increase ($p=0.028$) in attendances for combined abdominal symptoms, but no statistically significant changes for individual abdominal symptoms. Increases in attendances for combined abdominal symptoms were also statistically significant for those aged in their 50's (14.4% increase, $p=0.049$), but not for other age-groups.

Where socioeconomic group information was available, there were no statistically significant changes, by Townsend deprivation quintiles, in GP attendances for combined abdominal symptoms during the campaign period.

Conclusions

During the regional abdominal symptoms campaign there was a statistically significant increase in the number of GP attendances per practice per week for abdominal symptoms, particularly for men, and for the symptom of bloating.

Other metrics being evaluated include GP attendance, urgent GP referrals, conversion and detection rates, and emergency presentations.

Considerations

In general, cancer incidence is increasing which may have an impact on trends over time for this and other metrics, and so the results must be considered with these underlying trends in mind.

Where the results are statistically significant there is some evidence for an impact of the campaign, although underlying trends and other external factors (for example other awareness activities, changing referral guidance) may also affect the results.

Campaigns are more likely to have a greater impact on metrics relating to patient behaviour (for example symptom awareness and GP attendance with relevant symptoms) and use of the healthcare system (for example urgent GP referrals for suspected cancer), compared to disease metrics (for example incidence and stage at diagnosis).

Find out more about Be Clear on Cancer at:

www.ncin.org.uk/be_clear_on_cancer
www.nhs.uk/be-clear-on-cancer